



2019 Grant Application

Fire Fighter Support Restricted Account

1 ieus	e type or printi.				
DEP	ARTMENT / ASSO	CIATION:			
Mail	ing Address:				
Cont	act Person:		Title:		
Phone:		Email: _	Email:		
Amount of Request:		*Please note that the maximum amount that will be awarded to a department or an association will be \$ 5,000.00			
Purp	ose of Request:				
Category:		*in accordance with Utah Code 53-7-109(5)(b)			
[]	Firefighter Education/Training Programs				
[]] Firefighter Scholarship Program				
[]	Represent Firefighter Interests on a National and Local Level				
[]] Assistance with purchase of equipment or apparatus used in firefighting				
PRO'	VIDE JUSTIFICATION	TO SUPPORT YOUR REQUES	ST: (please use additional papers if needed)	
Signature of Applicant:				Date:2019	
Signa	ature of Chief or Asso	ociation President:			
(if no	ot applicant)	Federal Tax ID #			
	se be advised that if your depar orded to another applicant.	rtment is awarded a grant, you must req	uest p	ayment (reimbursement) by 01 July 2020 or your funds will	
Please submit this Application to: Utah State Fire Marshal				Grant Review Committee Use Only:	
410 West 9800 South, 3rd Floor				Amount Funded: \$	

FAX: (801) 256-2386 or email to: coyporter@utah.gov

Sandy, Utah 84070-3626